SCHEDULE N (Form 990)

Liquidation, Termination, Dissolution or Significant Disposition of Assets

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions or plans.

Open to Public Inspection

Employer identification number

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity
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2 Die	d or will any officer, director, tru	otoo or kov omplovo	o of the organization				Yes No
	ecome a director or trustee of a		•				2a
	ecome an employee of, or indepe		•				2b
c Be	ecome a direct or indirect owner	of a successor or tra	ansferee organization	?			2c
d Re	eceive, or become entitled to, co	mpensation or other	similar payments as	a result of the organiz	zation's liquidation, tern	nination, or dissolution?	2d

Schedule N (Form 990) 2008 Form 2 Liquidation, Termination or Dissolution (Continued) Part I Yes No Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-. 3 Did the organization distribute its assets in accordance with its governing instruments? If "No." describe in Part III? 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated? **b** (If "Yes," provide the date of the letter. _____ 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? 5a 5b **b** If "Yes," did the organization provide such notice? 6 Did the organization discharge or pay all liabilities in accordance with state laws? 7a 7b **b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? c If "Yes." describe how the organization defeased or otherwise settled these liabilities. If "No." explain in Part III. Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered Part II "Yes" to Form 990, Part IV, line 32. (Complete Schedule N-1 if additional space is needed.) (a) Description of asset(s) (b) Date of (c) Fair market value of (d) Method of (e) EIN of recipient (f) Name and address of recipient (g) IRC Code section determining FMV for distributed or transaction distribution asset(s) distributed or of recipient(s) (if expenses paid amount of transaction asset(s) distributed or tax-exempt) or type transaction expenses expenses of entity Did or will any officer, director, trustee, or key employee of the organization: 2a

Schedule N (Form 990) 2008 Page 3 Supplemental Information. (Complete this part to provide the information required by Part I, lines Part III 2e, 7c, or Part II, line 2e.)